

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|--|--|-------------------------------------|--------------------------|
| 1 Date of Request: <u>7-24-02</u> | | 2 Serial/Patent # <u>10/075432</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| Filing | | | \$ |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | <u>6-6-02</u> | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>130</u> |
| | | 8 TO BE REFUNDED BY: | |
| 10 REASON: | | Treasury Check | |
| Overpayment | | <input checked="" type="checkbox"/> | Credit Deposit A/C #: |
| Duplicate Payment | | <input type="checkbox"/> | <u>9</u> <u>06--1050</u> |
| No Fee Due (Explanation): <i>Petition dismissed as not filed.</i> | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Karen Creasy</u> | | TITLE: <u>Pat. Examiner</u> | |
| SIGNATURE: <u>Karen Creasy</u> | | PHONE: <u>305-8859</u> | |
| OFFICE: <u>DAC for Patents</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | |
| APPROVED: <u>Alice Kelley</u> | | DATE: <u>7/29/02</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B